

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/542866</i>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/		/		51	
2	/		/		/		52	
3	2		2		2		53	
4	/		/		/		54	
5	2		2		2		55	
6	/		/		/		56	
7	/		/		/		57	
8	/		/		/		58	
9	/		/		/		59	
10	/		/		/		60	
11	/		/		/		61	
12	/		/		/		62	
13	/		/		/		63	
14	/		/		/		64	
15	/		/		/		65	
16	/		/		/		66	
17	/		/		/		67	
18	/		/		/		68	
19	/		/		/		69	
20	/		/		/		70	
21	/		/		/		71	
22	/		/				72	
23	/		/				73	
24	/		/		/		74	
25							75	
26			/		/		76	
27			/		/		77	
28			/		/		78	
29			/		/		79	
30			/		/		80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	7	J	9	J		J	TOTAL IND.	
TOTAL DEP.	17	J	20	J		J	TOTAL DEP.	
TOTAL CLAIMS	11	J	29	J		J	TOTAL CLAIMS	